

FORM NO. 3

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCauley, of Columbia

N. H.

McCauley

(1) PLACE OF BIRTH,
 County of Abbeville
 Township of Burchland
 or
 Inc. Town of McConnick
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

16

Registration District No. 101.....Registered No. 4
 (For use of Local Registrar)
 St.: _____ Ward: _____

(2) Full Name of Child. Charles Wesley Hancock .. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 28, 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sloan Hancock
 (9) PRESENT POSTOFFICE OF FATHER McConnick
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Abbeville County
 (13) OCCUPATION Book Farm Hand
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Talbot
 (15) PRESENT POSTOFFICE OF MOTHER McConnick
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Abbeville County
 (19) OCCUPATION Book
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Sloan at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. M. M. Chatham, M. D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife McConnick

Given name added from a supplemental report
 _____, 191.....

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 1, 1915 (28) J. B. Anderson
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

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K O D A K